

WORK EXPERIENCE REPORT FORM FOR MICHIGAN PROFESSIONAL AND OCCUPATIONAL EDUCATION CERTIFICATES

Instructions:

If you are applying for the Professional OR Occupational Education certificate, this experience report form must be completed by the superintendent/chief official of the employing district/school, and that the applicant must submit the completed experience report form, along with all other required documentation, to the Michigan Department of Education.

Name of School District
or School in Which
Candidate was Employed

School District's/School's Address:

CERTIFICATION OF TEACHING EXPERIENCE IN A REGULAR ASSIGNMENT

This is to certify that _____
(first name) (middle/maiden name) (last name)
social security number _____/_____/_____ taught full-time (2 ½ clock hours or more
a day) under appropriate supervision from _____ to _____
(month) (day) (year) (month) (day) (year)
in grade(s) _____ and subject(s) _____.

CERTIFICATION OF SUBSTITUTE TEACHING EXPERIENCE (if applicable)

This is to certify that _____
(first name) (middle/maiden name) (last name)
substitute taught from _____ to _____ in
(month) (day) (year) (month) (day) (year)
grade(s) _____ and subject(s) _____
for a total of _____ days taught.

THIS CANDIDATE'S SERVICE IS RATED: ☐ **SATISFACTORY** ☐ **UNSATISFACTORY***

***When an unsatisfactory rating is recorded, please provide an explanation on the reverse side of this page.**

Superintendent or Chief Official's Signature

Date

Name and Title (please type or print)

Area Code/Telephone Number

Mail this form to: Michigan Department of Education
Office of Professional Preparation Services
P.O. Box 30008, Lansing, MI 48909